

## T MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-026401

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 73

Primary Registration District No. 3014

Registrar's No. 92

FILED JUL 24 1962

1. PLACE OF DEATH  
a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Liberty

Length of stay in 1b

21 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE

mo

b. COUNTY

Clay

Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

505 W. Franklin

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

505 W. Franklin

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

HELEN

BURNS

4. DATE OF DEATH

Month

Day

Year

July 15 - 1962

5. SEX

F

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR.

Aug-22-1898 63

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Beautician

10b. KIND OF BUSINESS OR INDUSTRY

Beauty Parlor

11. BIRTHPLACE (City and state or country)

Norman, Okla

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

George Dehler

13b. MOTHER'S MAIDEN NAME

Gertie A. Graham

14. NAME OF HUSBAND OR WIFE

Homer C. Burns

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war and dates of serv)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Homer Burns, Liberty, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma Rectum c

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

General Metastases

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

18 mo

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1940 to July 15 1962 last saw her alive on July 15, 1962  
Death occurred at 6:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Homer W. Henderson M.D.

22b. ADDRESS

Liberty, Mo

22c. DATE SIGNED

7/16/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-17-62

23c. NAME OF CEMETERY OR CREMATORY

Pleasant Hope

23d. LOCATION (City, town, or county)

Pleasant Hope, Mo.

(State)

24. FUNERAL DIRECTOR

Church - Archels, Liberty, Mo

ADDRESS

25. DATE RECEIVED BY LOCAL REG.

7-18-62

26. REGISTRAR'S SIGNATURE

Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

6003

26003

3

4 1

5 1

6

7 1

8 0

9/54X

10

11

12 70-0

13 3-0

OCT 19 1962

JUL 31 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*John Embury*

Licensed Embalmer No.

4448

P. O. Address

*Liberty, mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.